



NONCONFORMING USE CERTIFICATE

STAFF USE ONLY
 Date Submitted: _____ Received by: _____ Fee paid: _____ Project # _____

REQUIRED SUBMITTALS

Application Fee: N/A

A COMPLETE APPLICATION, as determined by the Planning Department, is required at time of submittal. Application forms can be obtained at <https://www.cdavid.org/1105/departments/planning/application-forms>

- Completed application form**
- A set of drawings** (as prescribed in the justification section);
- Other information as may be required for the Planning Department**

APPLICATION INFORMATION

PROPERTY OWNER:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:

FILING CAPACITY

- Recorded property owner as to of _____
- Purchasing (under contract) as of _____
- The Lessee/Renter as of _____
- Authorized agent of any of the foregoing, duly authorized in writing. *(Written authorization must be attached)*

SITE INFORMATION:

PROPERTY LOCATION OR ADDRESS OF PROPERTY:
LEGAL DESCRIPTION OF THE PROPERTY:
STREET ADDRESS (IF APPLICABLE):
TYPE OF USE INVOLVED:

NONCONFORMING USE CERTIFICATE APPLICATION

REASONS FOR NONCONFORMANCE:
EXISTING CITY ZONING (CHECK ALL THAT APPLY): <i>R-1</i> <input type="checkbox"/> <i>R-3</i> <input type="checkbox"/> <i>R-5</i> <input type="checkbox"/> <i>R-8</i> <input type="checkbox"/> <i>R-12</i> <input type="checkbox"/> <i>R-17</i> <input type="checkbox"/> <i>MH-8</i> <input type="checkbox"/> <i>NC</i> <input type="checkbox"/> <i>C-17</i> <input type="checkbox"/> <i>C-17L</i> <input type="checkbox"/> <i>CC</i> <input type="checkbox"/> <i>DC</i> <input type="checkbox"/> <i>LM</i> <input type="checkbox"/> <i>M</i> <input type="checkbox"/> <i>NW</i> <input type="checkbox"/>
EXISTING USE:
NUMBER OF PEOPLE INVOLVED:
TYPE AND AREA OF BUILDING OR PORTION OF BUILDINGS INVOLVED IN NONCONFORMANCE:

JUSTIFICATION:

Attach site and/or building plans which illustrate the request.

A nonconforming use certificate shall be applied for by submitting the following information to the Planning Department:

A.

WHY SHOULD THE NONCONFORMING ACTIVITY/USE BE ALLOWED TO CONTINUE?

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B.

HOW WILL THE NON-CONFORMING USE NOT CONSTITUTE A HAZARD TO PUBLIC SAFETY?

C.

ANY OTHER JUSTIFICATIONS THAT YOU FEEL ARE IMPORTANT AND SHOULD BE CONSIDERED BY THE PLANNING DIRECTOR?

CERTIFICATION OF PROPERTY OWNER(S) OF RECORD *:

I have read and consent to the filing of this application as the owner on record of the area being considered in this application.

Name: _____ Telephone No.: _____

Address: _____

Signed by Owner: _____

The Nonconforming Use described herein has been approved by the Planning Department.

Received: _____, 20____ Planning: _____

(signature)

Notary to complete this section for all owners of record:

NONCONFORMING USE CERTIFICATE APPLICATION

CERTIFICATION OF APPLICANT *

I, _____, being duly sworn, attests that he/she is the applicant of this
(insert name of applicant)
request and knows the contents thereof to be true to his/her knowledge.

Signed: _____

Dated this _____ day of _____, 20____.

Notary Public for State of Idaho

Residing at: _____

My commission expires: _____

For multiple applicants or owners of record, please submit multiple copies of this page.